

INVENTOR INFORMATION

Inventor One Given Name:: Matthew J
Family Name:: During
Postal Address Line One:: 221 South Twelfth Street
Postal Address Line Two:: Apartment 205 S
City:: Philadelphia
State or Province:: Pennsylvania
Country:: US
Postal or Zip Code:: 19107
City of Residence:: Philadelphia
State or Province of Residence:: Pennsylvania
Country of Residence:: US
Citizenship Country:: US

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 021125
Fax One:: (617)310-9948
Electronic Mail One:: tje@nutter.com

APPLICATION INFORMATION

Title Line One:: VACCINE-MEDIATED TREATMENT OF NEUROLOGIC
Title Line Two:: AL DISORDERS
Total Drawing Sheets:: 14
Formal Drawings?: No
Application Type:: Utility
Docket Number:: 102194-8
Secrecy Order in Parent Appl.?: No

REPRESENTATIVE INFORMATION

Representative Customer Number:: 21125
Registration Number One:: 28711
Registration Number Two:: 38403
Registration Number Three:: 32675
Registration Number Four:: 30833
Registration Number Five:: 31359
Registration Number Six:: 45053
Registration Number Seven:: 40792
Registration Number Eight:: 41277
Registration Number Nine:: 31868

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